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THE

# Southern Practitioner,

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

NASHVILLE, TENNESSEE.

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**DEERING J. ROBERTS, M. D.,**

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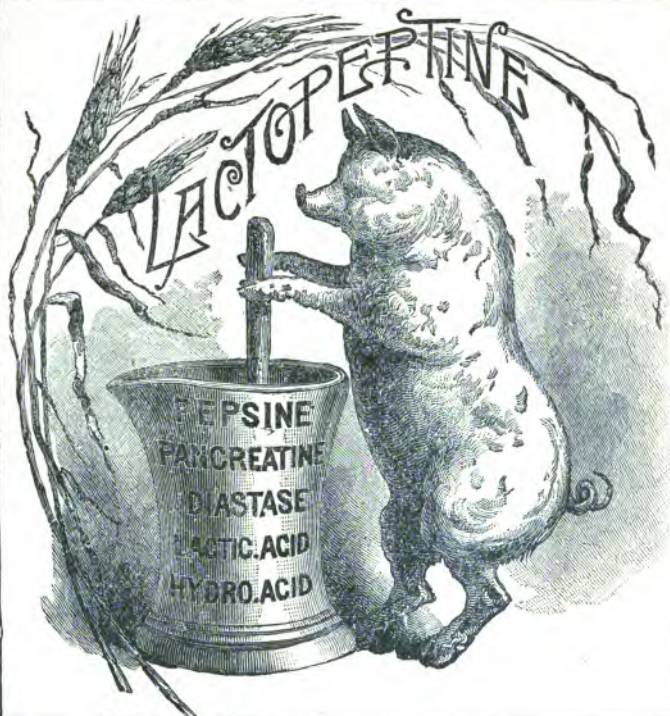
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Vol. 11.                      NASHVILLE, SEPTEMBER, 1889.                      No. 9.

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## *Original Communications.*

### PESSARIES.

BY J. B. W. NOWLIN, M.D., NASHVILLE, TENN.

The history of pessaries is coeval with the history of medicine itself. Going back so far in the dim vista of the centuries that we have no account of their first invention and employment by the ancients, they certainly long antedate the days of Hippocrates, for in his treatise, he is profuse in his directions for the "confection" and use of a great many varieties of these instruments; and it is said that some of the varieties used by him are still in existence.

The employment of pessaries by the ancients seems to have been more with a view to their medical and therapeutical than sustaining action, for we learn that they were invariably medicated, and we read in Hippocrates that some were made to "cause a woman to conceive, and some not to conceive." The good old man of Cos preferred tying a woman's heels up to a tester to secure re-position of a displaced womb, to the action of a pessary.



A still more novel procedure for the replacement of a prolapsed womb is related by an old Arabian physician, one Avenzoar, who advise that the woman be laid upon her back in the bed, held firmly down by several persons sitting upon her, that then a mouse, lizard or frog be thrown upon her legs, and that in the frantic efforts of the woman to escape the reptile, re-position will be effected.

The earth and the sea have been ransacked for material out of which to construct these instruments, gold, silver, lead, ivory, gutta percha, the various woods, sponges, corals, the pulverized bark of woods, etc., etc. Not less various have been the forms of these instruments; some spherical, some flat, angular, and all the grotesque forms which human ingenuity could invent, and it may be remarked that all these forms have been the outcome of efforts to secure more perfect adaptation, or a fanciful formation adapted to each peculiar displacement.

Probably no surgical appliance has received such abuse and laudation, as the pessary, and notwithstanding its great antiquity and its almost universal employment, it has in my estimation proved a magnificent failure in accomplishing the ends sought by its employment.

Dr. H. Pauley, the editor of Lisfranc's clinical lectures delivered in 1835, at Hospital La Pitie, says: "During the whole time I observed his practice, I never knew an instance of his employing a pessary as a means of cure." Lisfranc very properly considered displacements as mere symptoms of engorgement, and attributed the facts that few cures occurred to practitioners treating them as essential diseases. He says, "among the thousands of women whom I have touched, I have never found displacement without engorgement. The latter affection is therefore the object of treatment, and when the engorgement has been resolved by the means indicated, the uterus nearly or quite returns, unless the displacement be very considerable, to its normal position."

Again he says, "I have hitherto never failed to effect a cure without maintaining the uterus in place by mechanical means." He suggests that pessaries are sometimes employed as resolvents

by the pressure they produce, but reminds us that unless assiduously watched the irritation produced in the vagina may more than compensate the advantage derived. Speaking of pessaries constructed of material so soft that they swell after application, he says: "They then aggravate the symptoms and often-times become insupportable, and even when free from this objection ninety-five women out a hundred under ordinary circumstances are so inconvenienced by them as to be obliged to abandon their use."

Again he says, "resolution of the engorgement is the first object of the treatment, and if the uterine displacement persist after it is effected, a pessary may be tried in those cases in which its use can be tolerated."

Gardien suggests replacing the prolapsed organ by means of the fingers, confining the woman to the horizontal position, and after all fear of inflammation has passed, to throw up cold astrigent injections into the vagina. He objects to the use of pessaries until every other means have been tried, and entertains many apprehensions of the deleterious action of these instruments.

To the opinion of such eminent authorities as the above, we should not fail to attach much importance.

I take the ground, and boldly assert that the use of the pessary has been productive of much more harm than good, and that its use has in every age, been based upon a false assumption of the physiological functions performed by the ligaments of the womb in sustaining that organ in situ, or in the prevention of prolapsus. It is a well known fact as now recognized, that these ligaments afford but little, if any, support to the uterus, until the procident organ has reached the vulva, and that the principal office they perform is in supporting the womb from anterior, posterior, and lateral displacements.

The perineum may be assumed to be the base of support to the womb; next we have the vaginal columnæ and elasticity of the vaginal walls, in the sub-mucous areola tissue. Arriving in the pelvis, the womb derives support from its attachment to contiguous organs by means of the peritoneal fold, known as the recto and vesico-uterine ligaments. The physiological functions

of the womb demand that it should have great mobility, and between the two opposing forces of the perineum below, and the diaphragm above, it is in a continued condition of change as respects its position in the pelvis. Under these circumstances, it is a well known fact, that a certain amount of procidentia exists in many women without causing any inconvenience.

We usually recognize three prominent causes for prolapsus of the womb, namely: Weakening of its natural supports, pressure from above, and finally engorgement and increased weight in the womb itself, which may be said to be an almost never failing accompaniment of procidentia in the young. If from disease or malpractice the womb becomes engorged, and if retroversion exists, the descent of the organ becomes easy by a thinning out and consequent weakening of the vaginal walls.

Pressure from above may occur from various causes such as the existence of tumors, the spasmodic action of the diaphragm acting through the medium of the abdominal organs, the wearing of tight clothing, such as corsets, displacing the abdominal viscera and pressing the womb downward.

Probably the most frequent of all causes of procidentia are lacerations of the cervix consequent upon labor. When this is the case, it will readily be seen that the irritation kept up will be sufficient to prevent involution.

If in this condition there is retroversion, the procidentia may become complete, or if anteverted the neck will lie upon the floor of the pelvis with the fundus behind the symphysis; in either case increasing the irritation and consequent hypertrophy. There are few cases of procident womb in which there is not a greater or less amount of irritation and engorgement. The merest tyro should recognize the fact that the use of a pessary to hold up the hypertrophied and swollen organ by the irritation caused by contact and pressure will still further aggravate these conditions. All advocates for the use of pessaries insist that two things are absolutely imperative precedent to any prospects of success, namely; accuracy of fit, and skillful application. It is evident that neither of these is attainable, for probably no two vaginas ever had the same conformation, differing as much in this respect

as the facial features of the individuals. Furthermore these vaginas are subject to ever varying calibre, due it may be to pressure, or various discharges affecting the tenacity of the mucous membrane and submucous tissues. Thus it will be seen that even could a perfectly fitting pessary be applied, it would cease to be such in a very short time, for the very pressure necessary to hold it in position and maintain the uterus in situ would necessarily dilate the vaginal walls, necessitating the frequent application of instruments increasing in size until finally the paralyzed nervous and atonic vaginal muscles would give way, dilatations of the canal take place, and the vagina cease to give any support whatever to the engorged uterus. If a pessary could be so constructed and applied as to support the womb without irritating it, and at the same time not exert a damaging pressure upon contiguous tissues, then I would be an enthusiastic advocate for its use, but such is impossible of accomplishment, and this very pressure by damming up the circulation keeps up the congestion and inflammation due to engorgement. Now if it be a fact, as the advocates for the use of the pessary claim, that the instrument will do more harm than good unless perfect fit and accurate adaptation is secured, and that these two conditions are absolutely unattainable, the use of the pessary would seem to be of a very questionable character.

Dr. Annan, of Baltimore, speaking of pessaries, says: "Irritation is the inevitable consequence of the constant presence of a foreign body upon the delicate membrane lining the vagina, and in many instances it becomes insupportable, and the pessary has to be removed. Ulcerations have been produced in many cases, and a communication has been established between the vagina and the bowel, and the pessary has passed into the rectum. He says again, "It dilates the vagina and upon its removal the womb has a better opportunity to descend than before." Sir Charles Clark, reiterates the same. Prof. Bedford says, speaking of engorgement in a procident womb the result of an inflammatory action, "do you not therefore at once perceive the absurdity in a case of this kind of introducing a pessary? This instrument under the circumstances can exercise no curative effect, but will



tend to a general aggravation of all the morbid conditions. Its tendency is by pressure to produce ulceration," and he further states, that "he has no doubt that many cases of fatal disease result from the application of the pessary in conditions of extreme irritation and engorgement."

Old Father Meigs, though an enthusiastic advocate for the pessary, in what he terms favorable cases, says: "And if there be discharges and especially discharges of a bad color, away with a pernicious instrument which can only make the sick woman more ill, and bring into discredit a means of relief commended by the united voices of twenty centuries." And again, "if you apply the pessary in cases not suitable you will do mischief. There ought to be no inflammation either of the vagina or womb." And still again: "You ought not to adjust a pessary beneath a womb in which the os is inflamed or ulcerated." Now, I must confess that my experience bears me out in the assertion, that I have never seen a case of prolapsus in a practice extending over thirty years, when some of the conditions of extreme irritation, engorgement or ulceration, one or all did not exist; some in the case of the aged, in whom the womb had been long procident and atrophied by age. Churchill says: "A pessary may be applied when there is neither irritation, inflammation nor organic disease of the womb, or neighboring viscera." And again, "after the uterus has been replaced, you will find sometimes, that a great deal of pain and fever are produced, so that you begin to be alarmed lest abdominal inflammation should ensue. Now if these symptoms be considerable, you had better take away the pessary, and let the parts come down again." Churchill still further remarks, "when engorgement exists or inflammation or ulceration of the cervix, mechanical supports as pessaries, by the irritation they produce, cannot fail to do harm; whilst in cases of mere relaxation all such means are much more likely to produce pain, inflammation or leucorrhœa than to impart tone to the weakened tissue."

Thus we think we have proved by the advocates of pessaries themselves, that these instruments are inapplicable, where the conditions of irritation, engorgement, inflammation, and so called

ulceration exists, and as some of these conditions nearly always exist, in procident wombs, it follows that they are only applicable, and can do no harm in cases which do not require their use. Such as hysterical cases, in which they may be used as placebos.

From what we have already said, the element of pressure constitutes our great objection to the pessary, which by dilating the vaginal wall and destroying its tonicity, thus leaving it in a worse condition to support the prolapsed womb than before, together with the liability to produce engorgement by the arrest of circulation, and the consequent danger of ulcerations, vesico-vaginal or rectal fistulæ, etc., and they may be productive of injurious effects in other ways. Many forms of the instrument produce septic consequences by retaining in the vagina and uterus secretions, and by producing putrid vaginal discharges. They are also said to produce fungous and cancerous diseases of the mucous membrane of the parts. The literature of the profession is not wanting in cases where from some cause pessaries have been forgotten and retained in the vagina for years, become incrustated and produced and retained the most foul secretions. Columbat relates the case of the Baroness de Carl, supposed to be suffering with uterine cancer, and in whose case it was found that a pessary had been retained for thirty years. Meigs relates a case who suffered with utero-vaginal hemorrhage and stinking leucorrhœa. The trouble was ascertained to have originated from a pessary which had been forgotten and retained for ten years. Sponge is probably the most dangerous material for the fabrication of a pessary. It absorbs and retains every secretion, and by its immense dilatation inordinately distends the vaginal walls. Another well founded objection to the use of pessaries is to be found in the fact that they are very liable to induce irritation of the bladder, and produce constipation. I sum up the following as objections to the use of the instrument:

1st. They can only act as palliatives. If too small, they are expelled or cannot sustain the womb, and if too large, they exercise injurious pressure.

2nd. They keep up a continual irritation in the vagina, acting as a foreign substance, producing mucous, purulent and leucor-

rheal discharges, laying the foundation for fungous or cancerous diseases.

3rd. Many forms of the instrument are liable to produce septic results.

4th. They produce undue and permanent dilatation of the vaginal walls by destroying the tonicity of the parts.

5th. If not frequently removed, they become filthy and irritating.

6th. They are liable to cause irritation of the bladder and constipation.

7th. Their application is often left to the laity.

8th. And finally by the obstruction which they offer to the circulation, they produce engorgement and it may be ulceration of the surrounding parts, extending even to the production of a vesico-vaginal or rectal fistula.

The objection to the so called abdominal supporters with a pessary attachment is of course the same, with the addition that the stem holding the pessary in position is very liable to get bent and throw the womb out of position.

Another objection to the abdominal uterine supporters is, that by the pressure upon the abdominal muscles, they tend to produce the very lesion they claim to cure. With such an apparatus pressure must be exerted. The action of the diaphragm would prevent upward pressure, consequently, the pressure would necessarily be downward impinging upon the pelvic viscera.

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## *Correspondence.*

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### TREATMENT OF SNAKE BITE.

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DEERING J. ROBERTS, M.D., Editor and Proprietor of THE SOUTHERN PRACTITIONER.

MY DEAR DOCTOR:—Please find enclosed P. O. order for renewal of my subscription to your journal. "Well done thou good and faithful servant, in whom I am well pleased." Success to you. Have you nothing better for snake bite in Tennessee than

whisky? It is a good remedy, but permanganate of potash used hypodermatically, in my experience is better. I have treated more than one hundred cases in Texas, and have used whiskey, soda bicarb, spt. ammonia, turpentine, chloroform, and other remedies, but have found that potas. permanganas in one to two gr. doses hypodermatically, and chloroform, locally and by inhalation, are undoubtedly the most certain and successful remedies in bites of venomous reptiles, that I ever used. I have never seen a case treated with these two remedies result fatally.

Yours truly,

LAMPASAS, TEXAS, Aug, 7th, 1889. L. G. LINCUM, M.D.

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### STATE BOARD OF MEDICAL EXAMINERS.

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TO THE EDITOR OF THE SOUTHERN PRACTITIONER:— I am pleased to notice in the July number of the *Memphis Medical Monthly*, a just criticism of Dr. T. J. Happel. His course in accepting, under the circumstances, the position on the State Board of Medical Examiners, is certainly most extraordinary and not ethical.

In the August number of the same Journal, Dr. Happel attempts to justify his course by a long winded article of explanation, which to say the least, is anything but satisfactory to the profession and the State Medical Society.

Neither the doctor or his friends, can ever explain "the ways that are dark and peculiar" as to how Dr. J. W. Penn, of Humboldt, was euchred out of membership on the Board. Every member in attendance at the last meeting of the State Society, is perfectly familiar with the action of the committee (of which Dr. Happel was a member), in recommending Dr. Penn, as alternate to Dr. Saunders, who refused to serve on the Board; and for this reason Dr. Penn, was just as much named by the Committee and the Society as were Drs. Murfree and Deaderick. Then too by vote of the Society, all vacancies were to be filled by Dr. Duncan Eve, the President. Was Dr. Happel ever



recommended by President Eve for appointment to the Governor? We think not.

From the above, and all that has been written on this subject, we would advise Dr. Happel to resign in Dr. Penn's favor, and thus avoid the State Medical Society from requesting his resignation at its next meeting in Memphis.

Aug. 19, 1889.

MEMBER STATE MEDICAL SOCIETY.

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## *Selections.*

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OUR QUARANTINE SERVICE.—When a few years ago, Dr. Jos. Holt, the then President of our State Board of Health, instituted and put in successful operation his admirable system of maritime sanitation, he made a good stroke by inviting prominent sanitarians and others closely interested in excluding pestilence to examine his methods and see how they worked in practice. This movement, coupled with other acts of Dr. Holt, showed to the world that the suspicion of a policy of concealment of cases of infectious disease, and of Punic faith generally, was entirely unfounded. The inspecting party comprised official delegates from the Boards of Health of the Gulf States and Tennessee, representatives of the press and prominent business men. They saw the workings of the new order of thing and were pleased.

This idea of inviting gentlemen from neighboring States to examine our system has been carried out every year since Dr. Holt inaugurated it. Dr. Holt's system contained the germ of a mighty improvement in maritime sanitation.

The first machines and appliances, though carrying out his ideas, were, as he afterwards said, very clumsy. He soon modified them, each modification bringing in its train greater simplicity in operation and increased efficiency of action. In this good work he was ably assisted by Dr. Thos. J. Aby, the then quarantine physician. Every annual inspecting party that visited the quarantine stations of the lower Mississippi found that the busy minds of those in charge had not been idle during the preceding

year, but that every twelve months had contributed its share of progress. The last year has brought forth several important changes, which, while being merely elaborations of the system as Dr. Holt left it, are such as materially to enhance its value, and which reflect great credit upon the projector and designer, Dr. C. P. Wilkinson, the present President of the Board of Health.

Upon the invitation of Dr. Wilkinson an inspection party visited the station on June 1, 1889. Forty-four persons were in the party, in which were our Lieutenant-Governor (illness prevented Gov. Nicholls from accepting the invitation), Congressman Wilkinson, members of our State Legislature, well-known business men, and a large number of medical men. Dr. H. B. Horlbeck, Mr. H. T. McGee and Mr. B. A. Caufield, of the South Carolina Board of Health went with a view to inspecting the apparatus and erecting a similar one at Charleston.

The former quarantine station was located seventy miles below the city. When first built there were very few houses near it, but now the settlement is so thick that it would be extremely difficult to prevent communication between vessels at anchor and people on the shore. The station was accordingly abandoned, and another site, lower down selected. The present site is on the east bank of the river, a short distance above Cubitt's Gap. At this point the river is a mile and a quarter wide and about sixty feet deep. The part of the upper station that concerns us is the fumigating and disinfecting apparatus.

The vessel and its effects receive different treatment. The clothing, bedding, etc., are treated in three gigantic cylinders, each fifty feet long and eight feet in diameter. These are made of boiler iron; one end is fixed, while the other acts like a door, which may be removed at pleasure, and is so constructed as readily to be secured air-tight to the rest of the cylinder. This movable end weighs about a ton and is hung on a powerful crank or derrick. Each cylinder is covered with a thick layer of Russian felt, so that very little heat is lost by radiation. The clothing, bedding, etc., are hung on a connected series of wooden frames, the whole thing being suspended from a railroad track overhead. This track extends through the whole length of the boiler and

fifty feet out of it. The clothing is hung on the racks outside of the cylinder, and these are then pulled into it by machinery; the big door is closed and bolted and the heat is turned on. The heating is done by means of 120 coils of pipes lining the interior of the cylinder, and all being connected with a main supply-pipe running along the bottom of the cylinder. When steam is forced through these pipes a dry heat of 180 degrees F. is obtained in a short time. Then from a smaller pipe, perforated with capillary holes and lying on bottom of the cylinder, steam is forced into the cavity of the cylinder, and soon a moist heat of 225 degrees or 230 degrees is secured.

The moist heat is kept up for half an hour or longer, and the end of the cylinder is then swung open. The heat is so intense that the clothes dry almost explosively when removed from the cylinder. Not even the most delicate fabric is injured by this heating. These cylinders were introduced by Dr. Wilkinson. They succeed the patent Troy laundry drying-chambers.

The ship is washed off with a solution of bichloride of mercury, (1 to 1000). At the same time sulphur fumes are driven into all parts of the hold and cargo by a powerful reverberating fan, which drives the air over pans containing burning sulphur. In the old apparatus the air was drawn through the retorts. The present arrangement does more rapid work. The fumes are intensely hot at the moment of leaving the retort. In order to cool them they are passed through 217 feet of large tin pipe, coiled upon the upper deck of the boat. They are driven with such force that they reach the remotest corner of the hold of the vessel.

The time occupied by the whole process is now not more than three hours. During this brief period the largest ocean steamer can receive on the lower Mississippi more cleansing and disinfection than it can get in any other part of the world.

This is the treatment that a healthy vessel receives. If there be any yellow fever aboard, or even a suspicious case, the vigilant inspector at Port Eads, just within the mouth of the river, at once orders the vessel to the lower quarantine station, where ample hospital accommodations are provided for a considerable

number of patients. Then after all danger is over the vessel (which has already been well cleaned) is subject to the same treatment that a healthy one must undergo.

Every possible source of danger is provided against. The quarantine has been steadily improving for years, and now it has reached a state of efficiency and discipline upon which improvements can scarcely be made. But who can tell? The same thing was said before. Be that as it may, we feel sure that if any improvements make their appearance in other localities our home authorities will be prompt to use them and incorporate them in the system that now stands at the head of all quarantine systems. —*N. O. Med. and Surg. Journal.*

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**CHEST PERCUSSION DON'TS.**—Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patient's chest more than you can possibly help; therefore always lay the pleximeter finger in such a direction that the dis-

tal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an inter-costal space, on the other.

Don't forget that the percussion pitch is nominally higher over the left than over the right apex.

Don't omit clavicular percussion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side with a slight forward inclination.

Don't stand your patient against the wall, or let him lean against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by percussing the head of the humerus, and the infra-scapular region in health ; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing ; then place him on his back, and ascertain whether the line of dulness changes.—*Thos. J. Mays, M.D., in Phila. Med. and Surg. Reporter.*

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.



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Pure Cod Liver Oil.....	30 mg. (drops)	Soda .....	13 Grains
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Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation.

In Wasting Diseases the most prominent symptom is *emaciation*, the result of starvation of the fatty tissues of the body as well as the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of *Hydroleine*, which may be discontinued when the usual average weight has been permanently regained.

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The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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**THE PREVENTION OF THE SPREAD OF CONSUMPTION.**—The following rules to be observed for the prevention of the spread of consumption were approved last July 9th, by the Health Department of New York City, and ten thousand copies were ordered to be printed for public distribution.

Pulmonary tuberculosis (consumption) is directly communicated from one person to another. The germ of the disease exists in the expectoration of persons afflicted with it. The following extract from the report of the pathologists of the Health Department explains the means by which the disease may be transmitted:

"Tuberculosis is commonly produced in the lungs (which are the organs usually affected) by breathing air in which living germs are suspended as dust. The material which is coughed up, sometimes in large quantities, by persons suffering from consumption contains these germs often in enormous numbers.

This material when expectorated frequently lodges in places where it dries, as on the street, floors, carpets, handkerchiefs, etc. After drying in one way or another it is very apt to become pulverized and float in the air as dust."

By observing the following rules the danger of catching the disease will be reduced to a minimum:

1. Do not permit persons suspected to have consumption to spit on the floor or on cloths unless the latter be immediately burned. The spittle of persons suspected to have consumption should be caught in earthen or glass dishes containing the following solution: Corrosive sublimate, 1 part; water, 1000 parts.

2. Do not sleep in a room occupied by a person suspected of having consumption. The living rooms of a consumptive patient should have as little furniture as practicable. Hangings should be especially avoided. The use of carpets, rugs, etc., ought always to be avoided.

3. Do not fail to wash thoroughly the eating utensils of a person suspected of having consumption, as soon after eating as possible, using boiling water for the purpose.

4. Do not mingle the unwashed clothing of consumptive patients with similar clothing of other persons.

5. Do not fail to catch the bowel discharges of consumptive



With the present officinal fluid extracts there is a great uncertainty in their strength, which renders impossible the exact estimate of dosage for physiological effect. This grave defect arises from the present faulty and unscientific rule of their manufacture, namely; the consideration of quantities rather than qualities. There is no proper tests of the strength of the drugs used and and the most meager and inaccurate direction for their manufacture, yet it has been assumed that the resulting fluid extract was sufficiently reliable to meet the demands of medical practice. Such unhappily is not the case and in this simple faith the profession are led to many undeserved disappointments.

What we most need, and urgently need, is that our fluid extracts should have a definite strength, based upon an alkaloidal or extractive strength. Preparations of this standard have been manufactured for some years by Parke, Davis & Co., of Detroit, Mich., under the name of "Normal Liquids" and present to the revisers a perfect model for imitation. With the normal liquids the dosage may be accurately estimated and with a just confidence that the strength is ever the same. With the officinal product this is impossible, for the strength of the drug used, varies from 25 to 100 per cent. and the product—the fluid extract—will show a proportionate variation. Physiological medication is inseparable from known and accurate dosage, and it remains with the revisers to decide where we shall have officinal preparations or which shall be reliable, staple and scientific.—*The Therapeutic Analyst*.

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PER CENT. STRENGTH OF SOLUTION.—There appears to be some uncertainty and hesitation on the part of physicians as to the permissibility of making solutions of different percentages where one ingredient is solid, and to be weighed, while the medium in which it is exhibited is fluid, and to be measured. There is no reason why this difference in system should cause annoyance, as one is readily represented in figures of the other. A fluid ounce of water is equivalent to 456.7 troy grains, or approximate 457 troy grains. Therefore a pint is equivalent to 7.312 troy grains, or, dropping the last two figures, which are not important



as affecting the result, 7,300 grains. Given this number as the relation existing between the wine or ordinary pint and apothecaries' weight, it is easy to construct a solution of any strength. For instance, it is desired to make a solution of 1 part medicament to 1,000 parts of water. By dividing the number of grains in a pint by the strength of the solution desired, the quotient will be the weight of the medicament required ( $7,300 \div 1,000 = 7.3$ ). But as .3 equals  $\frac{3}{10}$  nearly, and a few physicians are provided with a weight of this size,  $\frac{3}{10}$  can be substituted without materially altering the result. Hence we have  $7\frac{3}{10}$  grains to one pint of water. The larger denominations (stronger solutions) are attained by multiplying the amount, and smaller (weaker solutions) by division.

As solutions containing varying percentages of cocaine or its salts have come into such general use, a few words as to their preparation may be admissible. Remembering there are 457 grains in one fluid ounce. ( $457 \times .01 = 4.57$ ). From this number all higher strengths can be calculated, and, if fractions of an ounce are required, division of the ounce quantity by 8 (number of drams per ounce) will give the number of grains per dram of solution of that strength.—*Simon Flexner, Ph. G., M.D., in Am. Practitioner and News.*

#### TEMPERATURE IN DISEASE.—

Normal temperature is - - 98.4°

Feverishness varies from 99° to 100°

Slight fever " " 100° to 100°

Moderate fever " " 102° to 103°

High fever " " 103° to 105° (Imminent danger).

Intense fever " " 105° to 107° (Fatal issue).

The normal temperature of the body in adults is highest on awakening in the morning and lowest at midnight.

It is from 1° to 2° higher in children than in adults, and also lower in the evening than in the morning.

One degree rise in temperature corresponds with an increase of 10 beats of the pulse.

A patient who was well yesterday, but has a temperature to-day of  $104^{\circ}$ , indicates ague or ephemeral fever. If  $106^{\circ}$  it is some form of malarial fever, but *not typhoid*.

If on the first day the temperature rises to  $105^{\circ}$ – $106^{\circ}$ , the fever is neither typhus nor typhoid.

In pneumonia if  $101.7^{\circ}$ , there is no exudation present; but if  $104^{\circ}$  to  $106^{\circ}$ , there is exudation and the attack is severe. Should there be consolidation at the *apex* of either or both lungs *delirium* will surely be present.

In measles, if the temperature is high when the *eruption has faded*, there are complications.

In typhoid fever, when on any *evening* the temperature does not exceed  $103.5^{\circ}$ , the case is mild. In the third week, if  $104^{\circ}$  morning and  $105^{\circ}$  evening *there is danger*.

In acute rheumatism,  $104^{\circ}$  forebodes danger or some complication, as pericardial inflammation.

In jaundice of a mild form, if the temperature *rises*, it indicates a pernicious change.

In puerperal females, increase of temperature shows *pelvic inflammation*.

In tuberculosis, an increased temperature shows advance in the disease or that complications are arising.

A fever temperature of  $104^{\circ}$ – $105^{\circ}$  in any disease, indicates that the advance of the disease is not checked and that complications may still occur.

In relapsing fever the temperature rises quickly in first stage,  $104^{\circ}$ – $105^{\circ}$  on second day, then fluctuates till the day before defervescence, when it attains the highest point  $107^{\circ}$ – $108^{\circ}$ , from which point it sinks rapidly to  $98^{\circ}$  as the other symptoms subside. On the fourteenth day relapse occurs and the temperature rises to  $104^{\circ}$  or  $105^{\circ}$  or more, to descend as rapidly as before, when convalescence begins.

In continued fevers the temperature is generally less high in the morning than in the evening.

In typhus fever temperature falls towards night.

Stability of temperature from morning to evening is a good sign.

If a high temperature remains fixed or rises from evening to morning the patient is getting worse, but when it falls from evening to morning it is a sign of improvement.

Convalescence is established when the normal temperature 98.4° is maintained throughout the day and night.

Cancer lowers the temperature, also diabetes mellitus and injury of the spinal cord; but cancer of the *stomach* is attended with fever in the latter stages, and also in hepatic cancer when the peritoneum is involved.

Never give quina with a dry hot skin or opium with a contracted pupil.—*C. Coleman Benson, M. D., in Southern Clinic.*

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**THE THEORY OF SUPPURATION.**—The bacteriological theory of suppuration as it is at present accepted will doubtless admit of many modifications before it can reasonably be held to be perfect. Future researches may demonstrate the relative unimportance of the micrococcus as a pus-producing agent, and overthrow all the present theories, even as the theories of the past generation have been overthrown. Professor Paul Grawitz, of Griefswald (*"Archiv für pathologische Anatomie und Physiologie und für klinische Medicin,"* cxvi, 1), by proving the suppuration may be caused by the injection of irritating substances unaccompanied by any micrococcus or ptomaine, has perhaps taken a step in this direction. The experiments were performed mainly on dogs. With the most careful aseptic and antiseptic precautions, a certain quantity of oil of turpentine was injected subcutaneously, and the wound was closed with collodion. Over this a dressing was placed. A swelling with the external characteristics of an abscess was produced which, when opened, was found to contain a pus-like fluid smelling decidedly of turpentine and perfectly free from pus cocci.

This demonstration is interesting because it indicates a possible danger which may arise from the subcutaneous injection of irritant fluids even under the strictest aseptic precautions, but we do not see how it can have great weight regarding suppuration as it is commonly met with, because practically we do not find abscesses of this nature. It proves that substances exist, in addition to

the ptomaines of the micrococci, which, when introduced into the tissues will produce inflammation with the formation of pus, but it does not in the least intimate that the ptomaines do not usually occupy the position held by the turpentine in the experiments as exciters of suppuration.

Grawitz also calls attention to the fact that the resisting power of the tissues of different genera of animals to the action of a given micro-organism differs widely, and insists that more attention should be paid to this when deductions regarding suppuration in man are drawn from observations on the lower animals. His remarks would be much more apposite if the question were, "What is the action of a certain micro-organism on the tissues of man?" But this is not the question. If we grant what we say to be true, still the fact remains that in all animals the destructive process known as suppuration is found accompanied by some micrococcus. That the particular micro-organism differs in the different genera does not preclude the possibility of arriving at a very close approximation to the truth regarding the action of the micro-organism constantly present in human pus, by careful observations of the actions of the various micro-organisms that are constant in similar conditions in various genera of the lower animals. Still, analogy is not always a safe guide, and Professor Grawitz may be right in his caution. His work bears the mark of much labor, and, though his results are decidedly theoretical rather than practical, they are worthy of notice.—*New York Med. Journal*.

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ON THE OPENING OF BUBOES.—The best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. I believe that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

Surgeon-Major Adye-Curran, in a recent number of the *Journal*, has drawn attention to the advantages of aspiration *versus* free incision in the evacuation of suppurating buboes, and the method is, I am quite sure, a good one.

It is now some four-and-twenty years since I abandoned the free incision by which I was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps, in civil life, necessary. For so many years have I invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and so very well satisfied have I been with the good results, that I shall continue the practice. By adopting this method that most odious spectacle, "an open bubo," is avoided as well as the reproach of a protracted cure; not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect or a vitiated state of constitution must be dealt with.

It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a few days after the presence of pus has been diagnosed. The small opening made by the bistoury will often be found closed the following day; it may be reopened by a blunt-pointed probe if necessary.

The puncture is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, while it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. I am quite certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months. I hope, therefore, that those who condemn the free incision may have many followers, and that "open buboes" may be relegated to the opprobria of the past; at all events, so far as the deliberative action of the surgeon is concerned in their production.—*J. H. Boilbeau, British Medical Journal.*

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OIL OF EUCALYPTUS IN HEADACHE.—The "*Medical News*" of July 20 has an article on the use of eucalyptus in headaches of various types, after other means had failed, recording a



measure of success that will induce many physicians to make a trial of this drug in rebellious cases. The authors of this article, Dr. Lorris J. Lewis, and G. E. de Schweinitz, of Philadelphia, report eight cases, all benefited, and refer to others treated by Dr. Weir Mitchell and Dr. Sinkler with satisfactory results. The dose given was five minims, from four to six times daily. In one case twenty minims were given as an attack was coming on, and, in the patient's opinion, prevented it. The best results were obtained in cases where the doses was taken early. The authors suspect that a malarial cause existed in some of their cases, and their first success was in a case of that nature, the drug being prescribed for malarial trouble rather than for the neuralgic symptoms. The "sudden and surprising improvement" in this instance led them to make further use of the drug, even in cases where there was no malarial history. Their impression is that it will be found that headaches of the congestive type will be the ones best suited to the use of eucalyptus. They did not succeed with the drug in one case where the attack was brought on by an indiscretion in diet, although the patient obtained relief at other times; and in one case of ciliary neuralgia failure is reported; also in two others where there was organic disease of abdominal viscera.—*N. Y. Med. Jour.*

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**CALCIUM CHLORIDE IN GRANULAR AFFECTIONS OF THE NECK.**—Calcium chloride is an agent which was held in the highest esteem by the earlier practitioners of medicine, but is hardly recognized by therapeutic authors of the present day. Dr. S. Coghill, of the Royal National Hospital for consumptives at Ventnor, in a communication to the *Practitioner*, states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the restlessness, the breath fetid, the tongue foul and coated, I know of no remedy approaching it in value. The colliquative diarrhoea, which so often accompanied this condition, and above all, that

obstinate dysentery which is seen with hypertrophy in the mesenteric glands, yield to the solution of the chloride of calcium like a charm."

Dr. J. Mays writes in the *Archives of Pediatrics*: "I have used this agent for a number of years, both in private and public practice, and can fully endorse the strong views expressed by Dr. Coghill, especially so far as scrofulous affections of the neck are concerned. . . . Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than any thing I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine."

This agent must not be mistaken for chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.—*N. Y. Medical Times*.

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**MEDICAL FEES; A CORRECT DECISION.**—An interesting decision was recently given in a suit for payment for services brought by Dr. Lange of New York. Judge Brady, of the New York City Supreme Court, decided that, in an action by a surgeon for professional services, the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further said: "There is also evidence tending to establish a custom or rule of guidance as to the charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient—his financial ability or condition. This is a benevolent practice which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained."

Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient, and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success.—*Medical Standard.*

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TRAUMATIC TETANUS CURED BY LARGE DOSES OF HYDROCHLORATE OF PILOCARPINE IN HYPODERMIC INJECTION.—Casati (*Gazz. degli Ospitali*) in the first case commenced treatment by giving chloral by intravenous injection. As the symptoms became aggravated all the contracted muscles were rubbed with belladonna ointment, three centigrammes of watery extract of opium every two hours, and a hypodermic injection of one centigramme of hydrochlorate of pilocarpine also every two hours. This treatment was continued for six days, all symptoms of tetanic contractions disappearing; the patient then became furiously delirious, and there was great diuresis. The delirium was attributed to the belladonna, and disappeared with paraldehyde. In the second case pilocarpine only was given, one centigramme in hypodermic injection every two hours. This was continued for eight days. The symptoms gradually disappeared, and the patient recovered. In the third case seventy centigrammes of pilocarpine were given in fifteen days. This case was a very severe one, but did well. Casati maintains that in all cases there is some solution of continuity to give access to the infective element of tetanus, and that this infective agent is identical in all forms of the disease.—*London Medical Recorder.*

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SINGULAR CASE OF MULTIPLE LABOR AND ITS MANAGEMENT.—The patient was a robust laboring woman of thirty-eight. A year before she had given birth to a healthy child, although delivery had been by forceps. The birth of the first child of this second labor was accomplished by the natural forces, but as the

placenta did not follow, and the uterus still remained large, the presence of a second child was suspected. The abdomen was so thickly covered with fat that it was impossible to make out any thing by palpation. On passing the finger up the umbilical cord, which was firmly held above, a peculiar resistance was felt, which seemed to the writer like the surface of a knee. Carbolyzed douches were ordered twice daily. The state of inaction of the uterus continued for nine days. Then labor pains set in, but after a few hours complete inertia came on. A few minims of ergot was given with no decided effect. Forceps were then applied and a healthy child was delivered. There followed no sign whatever of activity. The placentæ were both adherent, and were extracted by the hand in the uterus. The patient suffered a mild type of septicæmia following this labor of nine days, but eventually made a safe recovery.—*R. Randolph Ball, M.D., in Medical Record, May 18, 1889.*

THE PREVENTION OF MAMMARY ABSCESS.—Miall says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applied them from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires more than three applications.—*Medical News.*

CAUSE OF ULCERATION OF THE DUODENUM IN EXTENSIVE BURNS OF THE SURFACE.—Dr. P. G. de Saussure of Charleston, S. C., writes in *Gaillard's Medical Journal* as follows: "What is the cause of ulceration of the duodenum in cases of burn? A burn shows an acid reaction; that is, the secretions from a burnt surface are acid—the urine is rendered intensely acid, the tears are acid, the sweat, the saliva and the vomit *intensely* acid. Now, into the duodenum opens the main duct of the pancreas through a small opening or trough, a duct common

to it and to the liver. The secretions should be *alkaline*, but I think they are acid in burns, and thus the products from the stomach are not neutralized, and we have, possibly a digestion of the mucus membrane of the duodenum, or it may be an ulceration from too much acidity. I thought of this three years ago, and acting on it, have since put my patients suffering from burns, of whom I have a great many, on alkalies, and have lost but one from the said ulceration.—*New Orleans Medical and Surgical Journal*.

THE TREATMENT OF SUNSTROKE.—Dr. Wm. F. Waughs contributes to *The Dietetic Gazette* the following: In true sunstroke we have succeeded best at the Medico-Chirurgical Hospital by giving antipyrin internally or by hypodermic, in doses up to 30 grains, and applying ice energetically externally, and in the rectum, until the temperature descended to the level of safety. The great majority of cases, however, are really of exhaustion due to heat and free drinking, with consequent perspiration and loss of salts. Small doses of brandy, ammonia, wine of coca, selecting a really efficient variety, and hot coffee are efficacious at first; followed by a hot bath, hot beef tea, quinine, or Huxham's tincture. The use of ice-water gives rise to unquenchable thirst. Free imbibition of fluids causes loss of appetite. An excellent beverage for Summer is thin oatmeal gruel, with salt, but no sugar, taken as hot as can be swallowed.—*The Journal of the American Medical Association*.

TURPENTINE IN POST-PARTUM HEMORRHAGE.—“For some years,” writes a correspondent, “I have used spirits of turpentine in post-partum hemorrhage, and, in every case with the best results. When the ordinary means, *i.e.*, friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injections of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it with my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause



the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails use of valuable time.—*Lancet*.

THE POSTAL LAWS makes it larceny to take a newspaper and refuse to pay for it. A newspaper in Illinois recently brought suit against 43 men who would not pay their subscriptions, and and obtained judgment in each for the full amount of the claim. Of, these 28 men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of \$300 each. All but six gave bond, while six went to jail.—*Pharm. Record*.

CHILLING THE FEET AND ITS CONSEQUENCES.—Dr. Mundè says that to the imprudent act of getting out of bed without protecting the feet—one so commonly committed by women without thought of the consequences—may be traced many an attack of cellulitis brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence.—*Medical Standard*.

A CURE FOR DANDRUFF.—Dr. A. J. Harrison, of Bristol, recommends the following salve for dandruff;

Caustic potash.....	gr. viij.
Carbolic Acid.....	gr. xxiv.
Lanolin	
Cocoanut oil }	aa ʒiv.—M.

Rub into scalp morning and evening. A cure is usually effected in one to three months.—*Le Prog. Med.*

CHOREA CURED BY ANTIPYRIN.—Legroux (*Berl. kl. Woch.*) considers that antipyrin in doses of fifteen grains three times a day is the most effectual remedy in chorea. He thus cured six cases within a month. Grün (*Centrbl. für Nervenheilk.*, 148) and Lilienfeld (*Centrbl. für die med. Wissench.*, 1888, 748) also report on the good effect of this drug.—*London Med. Recorder*.

# GASTRIC DERANGEMENTS.

## Horsford's Acid Phosphate.

Unlike all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

Dr. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

Dr. E. OSBORNE, Mason City, Ia., says: "I consider it a valuable addition to the remedies in use for the relief of gastric disorders dependent on enervation."

Dr. ALBERT DAY, Superintendent of the Washingtonian Home, Boston says: "For several years, I have used it in cases of alcoholism and acute gastric irritation. It is of special value."

Dr. T. G. COMSTOCK, of the Good Samaritan Hospital, St. Louis, says: "For some years we have used it in a variety of derangements characterized by debility, as also in chronic gastric ailments. It is approved of, unanimously, by the medical staff of this Hospital."

Dr. G. W. WHITNEY, Marshall, Minn., says: "I have used it in debility of the nervous system, and deranged condition of all the secretory organs. I esteem it highly."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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We guarantee it to be unchangeable, to maintain its activity and quality under all ordinary commercial conditions; it is therefore, by far the most available for the dispensing counter, as well as in the manufacture of every form of pepsin preparation.

Under exactly parallel conditions, with any proper percentage of acidity and with any proportion of such acidulated water to the albumen, Fairchild's pepsin is positively superior to any pepsin known.

**It will, under absolutely comparative conditions, grain for grain, digest more albumen than any other pepsin made.**

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**IDIOSYNCRASY FOR QUININE.**—It sometimes happens that persons suffering from intermittent fevers cannot take quinine without it causing erythema, accompanied by severe itching ; but if a solution of bromide of sodium, 1 in 40, be used, giving a desertspoonfull of it every two hours, quinine may be given with impunity.—*Times Register*.

**GASTIC HEMORRHAGE.**—The safest and most pleasant remedy for hæmatemesis is said to be water, drank hot as can be borne, in quantities of a half tumblerful to a tumblerful. No further hemorrhage occurs, and fragments of clots are vomited.—*Pittsburg Medical Review*.

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## *Reviews and Book Notices*

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**A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE.** By T. HOLMES, M.A., Cantab, Consulting Surgeon to St. George's Hospital, Member Associé de la Soc. de Chir. de Paris. Fifth edition, edited by T. Pickering Pick, Surgeon to and Lecturer on Surgery at St. George's Hospital ; Sr. Surgeon Victoria Hospital for Children ; Member of the Court of Examiners Royal Coll. of Surgeons, Eng. 8 vo., pp. 1008 with 428 illustrations, Leather. Lea Brothers & Co., Publishers, Philadelphia, 1889. Price, Cloth, \$6.00 ; Leather, \$7.00.

In this edition the excellent general arrangement of the preceding edition remains unchanged, with the single exception of the Chapter on Diseases of the Eye, this branch of the Surgeon's art having been so greatly modified and extended by recent discoveries and developments, that it was deemed best to refer the reader to the many excellent treatises on Ophthalmic Surgery, rather than make this work too large and burdensome, as it would necessarily have been, in order to incorporate the many additions and alterations that are a marked feature of the other sections.

The chapters on Inflammation, Wounds and their treatment, Diseases of Bones and Joints, Abdominal Surgery and Intestinal

Obstruction, and Diseases of the Breast, contain many alterations and emendations in order to bring so valuable a work fully up with and abreast of all the recent developments in Surgical Pathology and Therapeutics. The portion of the chapter on antiseptics and antiseptic dressings, though brief, and not consisting of a mass of theories and speculations, is comprehensive, readily understood and devoted to accepted facts.

As a guide and text-book for the student, or as a reference work for the general practitioner, it will be found safe, satisfactory and reliable. Anyone following closely its teachings may rely on a reasonable degree of success in surgical procedures.

Our limited space precludes the possibility of our going into a very extended critical review of its subject matter, nor do we feel that this is needed, for the high standing of its able author, his well established reputation as a teacher, are so well and widely known as to render it unnecessary. We do not hesitate in saying that it will closely contest the field with other contemporaneous works by reason of its intrinsic merit as a surgeon's *vade mecum*.

On the subject of Anæsthetics, while the author has largely used both æther and chloroform, and claims not to have had a fatal case with either, he has the following paragraph: "But I think we can hardly resist the unanimous opinion of the American surgeons, founded on nearly thirty years of extensive experience, as to the relative safety of æther, and if so, we should only employ chloroform in exceptional cases."

The letter press, paper, illustrations, binding and mechanical execution of the volume, are quite in keeping with so excellent a work.

THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. CATHELL, M.D., Baltimore, Md., 9th edition. Revised and enlarged. 8 vo. cloth, pp. 298. F. A. Davis, Publisher, Philadelphia and London, 1889.

Of the writers who have made a strike, Dr. Cathell may justly be called one—in fact almost a "ten-strike," his valuable work now having reached its 9th edition and still being as universally in demand as ever.

It is an excellent work, this treatise upon the duties a physician owes to himself and his patients. Clear headed and sensible suggestions as to his professional conduct, the management of his financial affairs, how to obtain and retain practice, the causes and circumstances governing his usefulness and success, characterize the book, making it in every way one that will be found of interest and value by every practitioner.

It is carefully written, its language is plain but interesting, in paper and presswork it presents an attractive appearance, and no one that procures it will ever regret the money spent, or the time occupied in its careful perusal.

WOOD; MEDICAL AND SURGICAL MONOGRAPHS, Vol. III, Number 2, August, 1889. Consisting of Original Treatises and complete reproduction in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., leatherette, pp. 244. Published monthly. Price, \$10.00 per annum, or \$1.00 per number. Wm. A. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York.

The August number of these valuable serial publications contains: The treatment of Syphilis at the present time, by Dr. Maximilian Von Zeissl; the treatment of Inebriety in the higher and educated classes, by James Stewart, B. A.; and a Manual of Hypodermic Medications, by Drs. Bourneville and Bricon. It is fully in keeping with the other valuable and interesting works of the series.

THE SCIENTIFIC AMERICAN; ARCHITECTS AND BUILDERS EDITION. \$2.50 a year; single copies, 25 cents. Munn & Co., Publishers, 361 Broadway, New York.

This is a special trade edition of *The Scientific American*, issued monthly—on the first day of the month. Each number contains about forty large quarto pages, equal to about two hundred ordinary book pages, forming, practically, a large and splendid MAGAZINE OF ARCHITECTURE, richly adorned with elegant plates in colors and with fine engravings; illustrating the most interesting examples of modern architectural construction and allied subjects.

**A LABORATORY GUIDE IN UNINALYSIS AND TOXICOLOGY.** By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the Med. Department University of New York; Professor of Chemistry and Toxicology in the Med. Department of the University of Vermont; Member of the Chemical Societies of America, Paris and Berlin, etc., 2nd edition. 75 cents cloth. Wm. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York, 1889.

This little work is just what it claims to be, a laboratory guide in Urinalysis and Toxicology, and a most excellent one at that. It is reliable, conveniently arranged and cannot but prove useful to the general practitioner in the investigation of urinary diseases. In that part devoted to Toxicology, in addition to the various tests the most reliable and ready antidotes are given.

**DISORDERED DIGESTION AND DYSPEPSIA.** By FRANK WOODBURY, A.M., M.D., Fellow of the College of Physicians of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc., etc., 12 mo. paper. (Physician's Leisure Library Series). Geo. S. Davis, Publisher, Detroit, Mich., 1889. Price, paper, 25 cents; cloth, 50 cents.

Our knowledge of the chemistry of the digestive process has been materially advanced in the last few years, and this little work, comprising Digestion and its disorders, symptoms and forms of Dyspepsia, treatment of Dyspepsia and dietetic hints for Dyspeptics will prove of interest and value to any reader.

**HAND BOOK OF PHARMACY AND THERAPEUTICS (LILLY),** 248 pages, Third edition, thoroughly revised. Eli Lilly & Co., Indianapolis, July, 1888.

The aim of this book is, as stated in the introduction, "to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions." It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

## *Editorial.*

### BROWN-SEQUARD'S ELIXIR; THE METHUSELAH COCKTAIL.

"No longer lag superfluous on the stage,  
 "The lean and slippered pantaloon is of the past;  
 "The greatest wonder of this wonder-working age,  
 "Is?—*Hors du testicule pas de salut.* *N'est c'pas?*"

Not having any heated term to spend this summer, and very little surplus burdening my treasury, Narragansett Pier, the Mountain resort or inland watering place saw me not, and most of my spare time was spent with my books and periodicals. As one of our long August days was dragging its weary length along, I had just finished reading the communication of M. Brown-Sequard to the Societe de Biologie in *Le Semaine Medicale*, when my old friend Jimmy F., came stumping into my office, with his usual hearty salutation of "How are you Doctor?"

On the field of Chicamauga, Jim's left leg had fallen under the sacrificial edge of my catlin, by reason of an extensive comminution of its bony parts by a conical ball.

After satisfying him as to the accustomed good state of my health, in reply to a similar interrogatory, he said:

"Oh! I am as sound as trout, yes sound as a milled dollar, and fresh as a two year old. I have no complaint to make about myself, but this confounded leg is still worrying me."

"What's the matter with the leg?"

Well, you know just after we got home, our good lady friends here, furnished me, as well as others of our one legged boys with one of Morton's artificial legs. That did pretty well for a few years; but it began to get out of fix and give me some trouble, and I got one of A. A. Mark's legs, and I thought for a while I was all right again. But the confounded things cost like smoke, and they will wear out, so finally I got me a good piece of Buckeye timber, from an old tree, had it well seasoned, and made this peg-leg myself. It is really much more comfortable than anything I have ever tried—and as for repairs,



why it does not cost next to anything, and I can get around on it better than either of the others. It may not look quite so well, but for getting around on, it is a regular "jim dandy."

"Well what's the trouble with it?" I asked.

"Trouble," he replied, "oh not much, only it is so confounded stiff. In fact I can't help but imagine that it is getting stiffer and stiffer every day."

"Ah, Jim! It is you who are getting stiff." I said.

"No, not a bit of it. It is just this leg. In every other respect I am just as active and frisky as I was 25 years ago. May be I got the timber out of too old a tree; but our saddle-tree and bread-tray makers have told me that the older a Buckeye gets, the lighter it gets, although the grain of the wood gets finer."

"Oh! if it's just age that is affecting it," I said confidently, "we can soon remedy that by a little of Brown-Sequard's Elixir. We can rejuvenate it, we can make it young again."

"What is Brown-Sequard's Elixir?" Said he.

"Shades of Ponce de Leon!" I exclaimed. "Hav'nt you heard of it? Our Nashville Doctors are using it in all kinds of cases, from Paralysis to Piles, from Dropsy to Dengue, and from Marasmus to Malaria; and are claiming for it no less remarkable results than its originator."

"Who is Brown-Sequard?" asked Jim, with no little interest.

Charles Edward Brown Sequard, was the son of a Philadelphia sea-captain of the name of Brown, who married Mlle. Sequard, a French lady. The subject of this hyphen-ation was born on the Island of Mauritius in the year 1818, and has since made the hyphen-ated names of his father and mother illustrious.

After receiving a careful primary education at the place of his birth, he was sent to Paris and took the degrees of Bachelor of Letters and Science in 1838 and 1839, graduating in Medicine in 1846. Five prizes were awarded him by the French Academy of Science, and he received the Queen's grant for the encouragement of science on two occasions from the British Royal Society. He made important demonstrations in regard to the transfusion of blood; on one occasion transfusing the blood of a healthy living dog into the carotid artery of a dog dead from peritonitis. The dead dog stood upon his feet, wagged his tail and died again 12½ hours later. He conducted quite a series of experiments demonstrating the subject of animal heat. His

researches have been most extensive, furnishing many of the most important facts in physiology, particularly in regard to the nervous system. He confirmed the supposition of Longet, that the anterior columns of the spinal cord transmitted motor impulses to the voluntary muscles, and that the posterior columns conducted sensation to the brain. He was the first to demonstrate that the decussation of the sensory fibres is in the spinal cord itself, and he has the reputation of having created the physiology of the sensory tract of the spinal cord. In 1850, he delivered a series of lectures on the nervous system before the Royal College of Physicians and Surgeons, London. In 1864, he was appointed Professor of the Physiology and Pathology of the Nervous System at Harvard University. In 1869, he returned to France and was appointed Professor of Experimental and Comparative Pathology in the School of Medicine in Paris and founded the "Archives of Normal Physiology and Pathology." In 1873, he returned to the United States and practiced in New York city, joining Dr. E. C. Seguin in establishing "The Archives of Scientific and Practical Medicine." Eventually he returned to Paris and succeeded M. Claude Bernard in the Chair of Experimental Medicine in the College of France, and was elected to the Chair of Medicine in the French Academy of Science. His services have been in constant demand as a consulting physician in diseases of the nervous system, to which specialty he has confined his practice.

He published a volume of Lectures on Physiology and Pathology of the nervous system, (Philadelphia,) 1860. Lectures on Diagnosis and Treatment of the Principal forms of Paralysis of the Lower Extremities, 8. vo. London, 1861; and Lectures on Nervous Affections, 1873, all of which have been accorded a high place in medical literature. Oh yes! Charles Edward was a great man in his day—but like every dog, I think he has had his day. At any rate for some years past but little had been heard of him until his recent communication to the Society of Biology.

"Well, where can you get this Elixir, this wonderful remedy," said Jim.

"You will have to get it made fresh, it is not kept on draught in any of our drug stores," I told him, and then proceeded to translate for him the particulars of its preparation, methods of use, properties, etc., from *Le Semaine Medicale*.

"And he claims that it will make an old man young?"

"Certainly he does; see what he says: '*Je suis, pour le dire en deux mots, rajeuni de trente ans.*' From being near seventy years of age, he is now only about 40. Returned to the prime of life."

"Well," said Jim, after a thoughtful silence of some minutes, "I don't much care about having any 'dog juice' squirted into me, nor 'hog juice' either for that matter, although I am somewhat fond of 'ham gravy;' but I know when I can lay my hands on some young game roosters, if you think you could use them on my leg."

"Oh! certainly," I replied, "just bring me in a few young roosters to-morrow and we will try the experiment." And thereupon Jim took his departure.

On reading the morning paper on the following day, I saw that my friend Green Sawyers had sustained a loss of quite a number of his highly bred fancy fowls, during the preceding hours of darkness, and felt confident that Jim had been putting into application his experience and practice of the 60's. Surely enough, at an early hour he came stumping into the office with a large covered basket on his arm.

"What have you got there Jim?"

"Chickens, game roosters."

"Where did you get them?"

"Ask me no questions and I tell you no lies; you just get your fixins ready and go to work on this leg. It was so blamed stiff last night I like to have missed getting these chickens."

Not to prolong this clinical report, I will state as briefly as possible, that the roosters were quickly caponized, their procreative glands divested as nearly as possible of all membranous tissue, and together with as much blood as I could collect from the spermatic veins, and a small amount of distilled water were transferred to a blue glass mortar, and thoroughly triturated and macerated with a blue glass pestle, the semi-fluid mass passed through a "Pasteur" filter, and rendered thoroughly aseptic by the addition of a few grains of boracic acid, giving us a reddish or pinkish tinted fluid of a decidedly fowl but by no means unpleasant odor.

Charging my hypodermic syringe with the fluid, I made an effort to insert the needle into the thickest part of Jim's wooden leg, after first having thoroughly washed it with a 1 to 2000 carbolyzed bi-chloride solution. The importance of the operation, the anxiety under which I labored in so magnitudinous an experiment, made me

somewhat nervous, and unfortunately, I broke the needle. However, I sent across the street to Griffith's hardware store at once, and procured a good horse-shoe file and a gimlet. Rendering the file aseptic, I immediately re-sharpened the needle, and with the gimlet, also made *thoroughly aseptic*, I bored deep down into the ligneous texture of Jim's artificial limb, into which I inserted with the syringe about one drachm of the fluid.

"Do you feel any pain Jim?"

"Not a darned bit."

"Not thirsty, or feverish at all?"

"Not a particle."

"Well may be it will take some little time to get in its work. You go on home now, and wait developments. But take this thermometer with you, and for the next few days (showing him how to use it), you try your temperature at least four times a day. I want you to keep a close scrutiny on, and rigid observation of the leg, making notes each day of any particulars that you may observe, and let me have them for publication. You may leave the chickens here, I will take care of them."

"All right" he replied, and I heard no more from him until I received the following communication. The first date recorded is the day after the operation.

"My dear doctor:—I herewith beg leave to submit my report:

August 14, Temperature at 5 and 10 a. m., and 5 and 10 p. m. 98 2 5°. Pulse 68°. No fever. No pain.

August 15. Same as before, leg seems to be a little heavier.

August 18. Pulse and temperature same as on four previous days, appetite same as usual, not a particle of fever, and not a single pain in the leg since I left your office. It is unquestionably heavier. Its weight, even when I unbuckle it and take it off, and lift it up in my hand, seems to be twice as much as formerly.

August 19. One week to day since operation. Leg much heavier than ever. Pulse and temperature as before. I stuck my knife blade in my leg to-day, and to my surprise water began to flow from the puncture. Upon close examination, I find that it is full of sap, and even a pin scratch will cause it to exude as freely as a grape vine in April.

August 20. Have quit fooling with that thermometer you loaned me, and quit counting my pulse. On taking up my leg to buckle it on

this morning I noticed that it seemed to be covered all over with a fine, delicate film of a peculiar color, being a mixture of red and greenish blue. Weight still increasing.

August 21. The film of yesterday has developed into a perfect, but delicate growth of bark; color, a mixture of yellow and indigo-blue. Quite a number of pimples showing themselves all over the leg.

August 22. The pimples noticed yesterday have become young shoots bearing leaves. My wife becoming uneasy about the mysterious changes taking place in my leg, insisted on my leaving it out of doors at night, saying that she could not sleep if the pesky thing was in the house with her. I set it up on end in my old sweet-potato bed just before I came into the house at night.

August 23. Would you believe it Doctor? When I went out to look at my leg this morning, it had actually taken root in the rich soil of the old potato bed, and was covered with limbs and fresh green leaves, and had grown about  $3\frac{1}{2}$  or 4 feet high.

August 24. My leg has now become a young buckeye tree, its top reaching higher than my house and its branches extending 8 to 10 feet out on either side.

August 25. I was awakened early this morning by the crowing of strange chickens in my yard. On going out I saw my young buckeye tree, that had served me so faithfully and well as a substitute for the leg I lost at Chicamauga, had grown twice as high as it was on the previous morning, and there were at least a dozen of the sprightliest, plumpest, and gamest looking young roosters up on its limbs, that were crowing away at a lively rate. I must now close my report, as you told me that you would want it by this time. If any thing more unusual happens before your journal goes to press, I will send you the information by the old and ever reliable "*Vigne a Raisin*" line.

Yours very truly,

JAMES F.

---

CAMPHO-PHENIQUE is a true chemical combination of camphor and chlorophenic acid, and we have found it, as claimed by its manufacturers, to be a local anæsthetic, an antiseptic, a germicide and parasiticide, and absolutely non-irritant; making it a most excellent dressing for fresh wounds and chronic ulcerations.

We have tried it in quite a number of cases recently and have found it as a dressing for fresh wounds, when proper adaptation of the part

s

had been made, to accomplish more in the way of rapid and prompt healing by first intention than any other dressing we have tried.

In one case of chronic ulceration, the result of a severe and deep burn, after having about exhausted therapeutic measures in our efforts to secure cicatrization, it acted most admirably, and after a few dressings of Campho-Phenique and Ol. Olivæ 1 to 4, complete cicatrization resulted.

In several cases of old, chronic and irritable ulcers, the result was equally satisfactory.

In all cases in which we have used it, the unpleasant feature of pain, whether in a fresh incised or contused wound, or in an irritable ulcer, was a thing of the past after the first dressing.

Other surgeons and physicians who have tried it report most satisfactory results.

We are pleased to submit the following extract from a lecture on Antiseptics, at the post Graduate School, New York, by Dr. Robert T. Morris :

"In certain forms of leucorrhœa, dependent upon catarrh of the mucous membrane of the uterine canal, CAMPHO-PHENIQUE is a very satisfactory drug for local application after the cervical canal has been dilated in order to allow of easy access to the interior of the uterus. In connection with the other appropriate treatment, the local application of CAMPHO-PHENIQUE is readily responded to by the deep-seated cervical glands, in many cases in which response cannot be easily obtained by the use of the orthodox remedies described in the text books."

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MENORRHAGIA, LEUCORRHEA. — Macadam Grigor, L.R.C.P., Alexandra Avenue, Battersea Park, London, says: F. O., widow, 32 years of age, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in left hypogastric region and sympathetic vomiting. She told me that at the menstrual period she nearly flooded, and between the times, only 14 days, she suffered very much with the whites. I thoroughly examined her and diagnosed: Irritation of left ovary, menorrhœa, prolapsus with anteversion of uterus, inflamed meatus urinaris, the effect of this being anæmia. Under treatment she improved in general health, but still the menorrhagia and leucorrhœa continued, though I had exhausted the remedies used in such cases. When the

Aletris Cordial came under my notice about six months ago, I put my patient under its treatment, with the result that the menorrhœa and leucorrhœa have ceased, and the slight prolapsus uteri gives no discomfort. I may state that I still keep her under the tonic.

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### TENTH INTERNATIONAL MEDICAL CONGRESS.

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We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, Sept. 9th, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the 4th and closed on the 9th day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile, we should feel sincerely obliged, if you would kindly make this communication known among your medical circles and add in the same time a cordial invitation to the Congress.

Von Bergmann.

Virchow.

Waldeyer.

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A POINT IN ETIOLOGY.—One of Gotham's fair ladies, who if not fully occupying the exalted plane of Cæsar's wife, was at least as chaste as the "star-eyed goddess of reform," had called for professional advice on one of the leading physicians of the great metropolis, who was as well known for his candor as his high order of professional skill and experience.

After detailing her symptoms she was informed that she was unquestionably suffering from a case of gonorrhœa.

"But; Oh, Doctor!" she exclaimed, "can that be possible?"

"I know nothing about the possibility, madam, I merely state facts," was the reply.

"But Doctor, do you think that I could have caught the disease from sleeping with a lady friend?"

"Madam, that is the way I caught it."

"And so the world goes round and round,  
Some go up, and some go down."

CIRCUMCISION TO BE ENFORCED BY LAW.—Dr. Vandavel, a colored physician in *Daniel's Texas Med. Journal* seems to warmly advocate the operation of circumcision, even to the extent of enforcing it by statute. He bases his argument on both hygienic and æsthetic grounds, remarking that “an elongated prepuce does not add anything to the looks of the organ.” Possibly in ante-bellum days the “colored man and brother” might have been brought under a regulation of this character, but Jeshuran having waxed fat, we oppine that in these good times he would be apt to kick against the pricks.

His allusion to the “organ” reminds us of a civil trial in times gone by, when a drunken vagabond was brought up to the bar of justice for indecent exposure of his person. One Biddy Maloney was on the stand as a witness, who on being asked if she had seen the prisoner expose his organ on the street, remarked: “Organ, organ, ye'r honor; sure 'twas more like a flute.”

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TREATMENT FOR CATARRHAL AFFECTIONS OF THE THROAT.—Dr. G. C. Hope, 34 W. 51st Street, New York, Attending Surgeon Metropolitan Throat Hospital, and Professor Diseases of the Throat, University of Vermont, says: “For a long time I have been employing Horsford's Acid Phosphate as a constitutional treatment for catarrhal affections of the throat. I consider it to be among the best tonic excitants of the vocal organs, and particularly applicable in relieving the fatigue and huskiness of voice incident to those who pursue a professional career of actor or vocalist, and far preferable to the various forms of wines now so generally recommended for this purpose.

I have seen no other allusion to its employment in this direction, which I believe you are perfectly safe in recommending both from a theoretical and practical point of view.”

---

PLANT PEPSIN.—The difficulty in producing a substitute for mother's milk, from cow's milk, is, to change the caseine into peptones?

Gorup Basanez, late Professor of Chemistry in Erlangen, Germany, has proved that there is a ferment in well grown and dried malt, which possesses the same action as the active ferments in the gastric juice and the pancreatine, this he named “plant pepsin.”

The milk in Malted Milk has been predigested by the action of the plant pepsin, a natural ingredient of the malt, hence, the reason why Malted Milk is so easily assimilated, and why, it is preferable to milk



which has been treated with impure artificial pepsin or pancreatine. A sample of Malted Milk, sufficient for trial, will be sent free on application to Malted Milk Co., Racine, Wis.

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SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.—Those who are interested in the coming meeting of this young but progressive organization, will do well to bear in mind that the next meeting will be held in this city, beginning Tuesday, Nov. 12th. Dr. Hunter McGuire, of Richmond, is the President, Dr. W. E. B. Davis, of Birmingham, Ala., Secretary, and Prof. Duncan Eve, M.D., of this city, Chairman of the Committee on Arrangements, either of whom will be pleased to give any information needed in regard to the meeting.

In our next number we hope to be able to give a full programme of the papers, essays, etc.

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*Katharmon Chemical Co., St. Louis, Mo.:*

GENTLEMEN:—I am well pleased with your "Katharmon," have had excellent results from its use. Quite recently I had an opportunity of testing its detergent and antiseptic properties in a case of burns, covering a large area, with most gratifying results. In acute rhinitis and follicular troubles of the nose and throat, it has proven satisfactory in my hands. Its safety, simplicity and reliability especially commend it.

Yours respectfully,

SWEET SPRINGS, MO., July 12, 1889.

F. C. COLLIER, M.D.

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OFFENSIVE ODOR OF THE BREATH, due to bad teeth or other causes, may be overcome, or at least greatly abated, by the habitual use of Listerine. Add a teaspoonful to a tumblerful of water for a mouth-wash and gargle, and if a little is swallowed, so much the better. Indeed, a bad breath is not unfrequently caused by the gaseous eructations of indigestion, and for this also Listerine is an excellent remedy, in doses of twenty to thirty drops in a little water.—*Sanitarian*.

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THE AMERICAN PUBLIC HEALTH ASSOCIATION, will hold its Seventeenth Annual Meeting, at Brooklyn, N. Y., Oct. 22, 23, 24 and 25, 1889. It is required that all papers must be either printed, type-written or in plain hand-writing. A very good regulation. All interested in State Medicine and Hygiene will do well to attend. Dr. Irving A. Watson, of Concord, N. H., the able and affable Secretary will furnish any information desired.

**VOMITING IN PREGNANCY.**—I am using **PEACOCK'S BROMIDES** in my practice, daily, and am better pleased with the preparation than ever. I have discovered a new application for it, in a case of vomiting in pregnancy. Believing that the sickness was produced by nervous irritability, I have been and am giving **PEACOCK'S BROMIDES** in full doses, with fine effect. I have prescribed it several times lately in convulsions of children with very satisfactory results.

FRANKLIN, TENN.

JOHN A. CAMPBELL, M.D.

**THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS** will hold its next annual meeting at the Burnet House, Cincinnati, September 17, 18 and 19, 1889. No formal invitation will be issued to non-members, but the Association extends a cordial invitation to such members of the profession as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology, and abdominal surgery.

**BROMIDIA.**—I have used the Bromidia (Battle) and the results obtained have been really excellent. It certainly combines all the advantages of other preparations of this nature, while at the same time it possesses none of their disadvantages. The fact that it produces no unpleasant sensation on awaking, renders it specially valuable.—**DR. LUD MARC**, St. Nazaire sur Loire, France.

"Speakin' of twins," said the old man Chumpkins. "There was two boys raised in our neighborhood that looked just alike till their dyin' day. Lem didn't have any teeth and his brother Dave did, but they looked pre-cisely alike all the same. The only way you could tell 'em apart was to put your finger in Lem's mouth, and if he bit yer 'twas Dave."—*Lewiston Journal*.

"A wealthy man ruined by new wheat," read Mrs. Talkene. "This is sad," she commented, "but thousands of wealthy men are ruined by old rye, and the papers don't say anything about it."

**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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**THE BEST ANTISEPTIC.**  
**FOR BOTH INTERNAL AND EXTERNAL USE.**

# LISTERINE.

**FORMULA.**—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

**DOSE.**—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make all maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of **PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.**

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 40 quarto pages, embodying: **A TABULATED EXHIBIT** of the action of Listerine upon inert laboratory compounds.

**FULL AND EXHAUSTIVE REPORTS** and clinical observations from all sources, confirming the utility of Listerine as a General Antiseptic for both internal and external use; and particularly

**MICROSCOPIC OBSERVATIONS,** showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., PH. D., D.D.S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions Listerine appears to be the most acceptable prophylactic for the care and preservation of the teeth.

**Diseases of the Uric Acid Diathesis.**  
**LAMBERT'S**

## LITHIATED HYDRANGEA.

**Kidney Alternative—Anti-Lithic.**

**FORMULA.**—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength; hence can be depended upon in clinical practice.

**DOSE.**—One or two teaspoonfuls four times a day (preferably between meals).

**Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria, and Vesical Irritations Generally.**

*We have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.*

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations bearing upon the treatment of this class of diseases.

**LAMBERT PHARMACAL CO.,**  
**314 North Main St., Saint Louis.**

### GOUT.

**DIETETIC NOTE.**—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

*Allowed.*—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

*Avoid.*—Pastry; malt liquors and sweet wines are veritable poisons to these patients

# WAYNE'S DIURETIC ELIXIR,

COMPOSED OF BUCHU, JUNIPER, ACETATE OF POTASH, ETC.

## DIURETIC AND ALTERATIVE.

**INDICATIONS.**—Acute and Chronic Catarrh of the Bladder. Brick Dust and Chalky Deposits in the Urine, Gravel, etc. Acute and Chronic Bright's Disease, Lumbago, and in Acute and Chronic Rheumatism.

Prescribed and Endorsed by the Leading Physicians of the U. S. It is giving universal-satisfaction to the profession. It seems to be ALMOST A SPECIFIC for Diseases of the Genito-Urinary Organs.

EXTRACT FROM LETTER, W. F. GLENN, M.D.,

*Professor of Genito-Urinary Diseases in the Medical Department of the University of Tenn.,*

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only in the kidneys themselves, but on all parts of the genito-urinary tract. Catarrh of the kidneys, ureter, bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangements of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of urine proves the absence of elements that would indicate serious organic lesions it is a safe and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to affect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, eucalyptus, etc., have a more or less specific influence on bladder and urethral irritations and inflammations.

Some years since my attention was attracted to a remedy styled Wayne's Diuretic Elixir, which, upon examination, I found to be a combination of acetate of potash, juniper and buchu, prepared in such a manner as not to be unpleasant, but rather agreeable to the taste and accurate in its proportions. Being easier to prescribe and by far more pleasant to the patient than the same remedies freshly mixed in the drug store, I began to use it in all irritations of the kidneys, bladder, urethra and prostate gland, and have found it to meet every indication. Now, when I desire a mild diuretic effect continued for some time, I rarely depart from this mixture. Prof. Deering J. Roberts, Surgeon to the State Prison, has been using it largely of late at the hospital of that institution, and reports it perfectly satisfactory. Numbers of others of my medical brethren, to whom I have suggested its use, have reported it thoroughly satisfactory. Case after case taken from my own and from other record books, could be cited to show its satisfactory effects, but that is hardly necessary. And while I am not an advocate of the wholesale use of all the various preparations that are now crowded upon us, at the same time, after thoroughly testing this one for some years, I feel that it will not be amiss to present its virtues to the profession. Not for any new virtues that its ingredients may possess, for they have been understood for many years, but because of its careful preparation and pleasant taste, and thereby ready utility. From the very highly satisfactory results obtained by me for the past five years, I am quite sure its use will be attended with no disappointment or regret.

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(5B)



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(Rio) in the case of a woman who had had several miscarriages at the end of five months, and who is now again pregnant, having reached the seventh month: thanks to Aletris Cordial.

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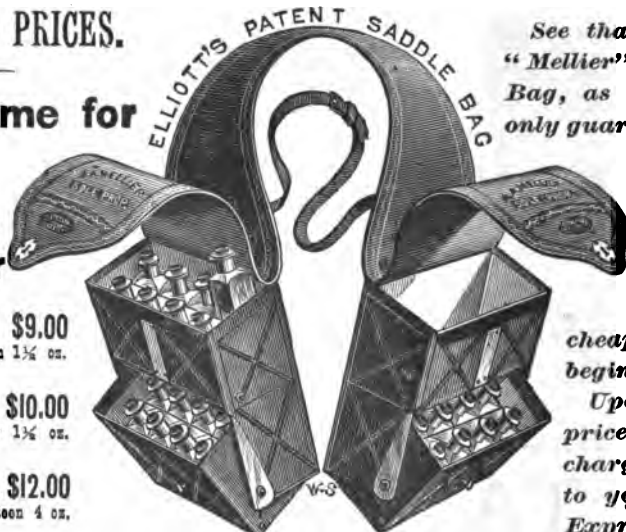
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